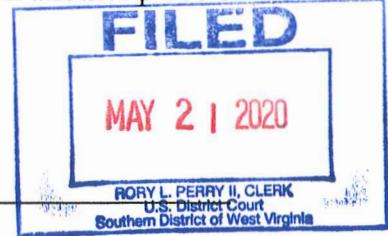


- B. If your answer to A is yes, describe each lawsuit in the space below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same outline).

1. Parties to this previous lawsuit:

Plaintiffs: Howard Lee Justice, Jr.



Defendants: city of charleston West, Virginia  
South Central Regional Jail

2. Court (if federal court, name the district; if state court, name the county);

Kanawha County Court House  
Charleston West, Virginia

3. Docket Number: 219-cv-00676

4. Name of judge to whom case was assigned:

Judge ~~Fred~~ Kenneth Duane L. Tinsley

5. Disposition (for example: Was the case dismissed? Was it appealed? Is it still pending?)

Dismissed Do to merits Failure to file in  
timely objections 28 U.S.C. § 636(b)(1)(B)

6. Approximate date of filing lawsuit: 12/30/2019

7. Approximate date of disposition: 12/2/2019

II. Place of Present Confinement: South central regional Jail

A. Is there a prisoner grievance procedure in this institution?

Yes ✓ No \_\_\_\_\_

B. Did you present the facts relating to your complaint in the state prisoner grievance procedure?

Yes ✓ No \_\_\_\_\_

C. If you answer is YES:

1. What steps did you take? I went through the

chain of command required by the grievance process

4/28/20 2. What was the result? Excess rocker work!

Grievance # 20 SRT § CP A-504/002A / 10 SRT § CP A6 04/002B

D. If your answer is NO, explain why not: \_\_\_\_\_

\_\_\_\_\_

III. Parties

(In item A below, place your name and inmate registration number in the first blank and place your present address in the second blank. Do the same for additional plaintiffs, if any.)

A. Name of Plaintiff: Howard Justice Jr.

Address: 1001 South central Reg Jail 25309

B. Additional Plaintiff(s) and Address(es): \_\_\_\_\_

\_\_\_\_\_  
N/A  
\_\_\_\_\_  
\_\_\_\_\_

(In item C below, place the full name of the defendant in the first blank, his/her official position in the second blank, and his/her place of employment in the third blank. Use item D for the names, positions, and places of employment of any additional defendants.)

C. Defendant: Stevens

is employed as: correctional officer

at South Central Regional Jail

D. Additional defendants: Charleston Area Medical Center.

**IV. Statement of Claim**

State here as briefly as possible the facts of your case. Describe how each defendant is involved. Include also the names of other persons involved, dates and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

On or around 3/25/2020 or 3/29/2020 I was took to C.A.M.C. for seizures I was admited and Put in a Room I was not in restraints and I had a Seizure I come to myself in the floor Beside the Bed. I was took to be given a cat Scan for Banging my head off the floor and got hurt.

**V. Relief (continued)):**

To be payed monetary damages for pain and sufferin  
medical Bills mental anguish I see the  
amount the medical Bills are and 300,000.<sup>00</sup>  
for cruel and unusal Punishment.

**VII. Counsel**

- A. If someone other than a lawyer is assisting you in preparing this case, state the person's name:

\_\_\_\_\_

- B. Have you made any effort to contact a private lawyer to determine if he or she would represent you in this civil action?

Yes  No \_\_\_\_\_

If so, state the name(s) and address(es) of each lawyer contacted:

Warner Law office 227 capital street charleston wv 25301  
Danny Cline 101 west Kanawha street Beckley Wv 25801

Ellis Ellis and lone Poi Box 1266 Charleston Wv 25325

George J. Cusenza 1130 market st. Parkersburg Wv 26102

If not, state your reasons: \_\_\_\_\_

\_\_\_\_\_

- C. Have you previously had a lawyer representing you in a civil action in this court?

Yes \_\_\_\_\_ No

If so, state the lawyer's name and address:

Howard Lee Justice Jr. = Counsel

Re: g

Signed this 29 day of April, 2020.

Howard DeJesu Jr.

**Signature of Plaintiff or Plaintiffs**

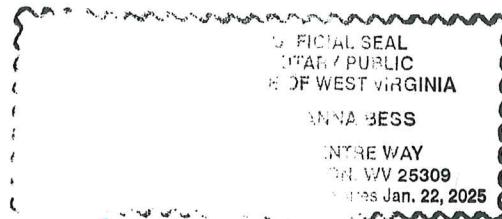
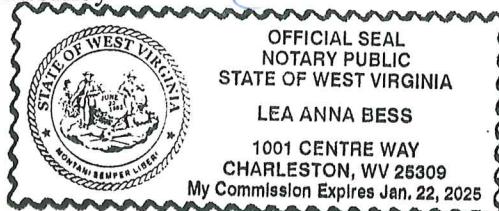
I declare under penalty of perjury that the foregoing is true and correct.

Executed on 29 April 2020  
(Date)

---

Signature of Movant/Plaintiff

Signature of Attorney  
(if any)



Lea Anna Bess  
1-22-25

**WVDCR Inmate Grievance Form**Grievance No. 20-68-A5-04002AInmate Name Howard Lee Justice Jr.OID# 3511070Date of Grievance 4/9/2020SCBTS-CF A6-04002B

**State Nature of Grievance / Issue to be addressed (Note: 1 issue per grievance be concise file with Director of Inmate Services.**  
**DO NOT WRITE ON BACK:**

On the Date of 3/31/20 I had a seizure in A512 and was moved to the Hospital unit. It was to be restricted to the Pod in Recidivance unit. They didn't have this unit not done & had neither Secure stat or get hospital room. Same day as previous dates and hours & how long do I have to services that are left to them. Thank you.

Relief Sought (state what you want):  

This is a medical problem. Please make arrangements to have me to the Hospital. I believe my time has come to go up to another floor than the Recidivance because Recidivance is not secure. Please change my cell block.

Inmate's Signature H. Lee Justice Jr.

(The inmate may attach one 8.5 x 11 sheet if necessary, at this level only)

Director of Inmate Services Response (attach additional sheet if needed)

 Accepted RejectedReason for rejection: MedicalDate: 4-20-20

Response on Merits if accepted: The hospital called & Asked the medical Department  
If the Restraints could be removed

Signature D. ThomasInitials: DT(If so initial and give copy to Director of Inmate Services)Appealed to Superintendent ✓ (initial) Date: 4/28/20

If no response at initial level is included the inmate certifies that he/she has tendered this grievance as indicated above and no response has been issued at that level within the time frames set forth in Policy Directive 335.00.

Inmate's Signature Howard Lee Justice Jr.Date 4/21/20

Action by Superintendent:

 Accepted Rejected

Reason for rejection: \_\_\_\_\_

Date: \_\_\_\_\_

Response on Merits if accepted: Remand to Unit for further action  Affirm unit and/or deny grievance  Grant the Grievance as specified  
Comments: Due to your medical records, you returned to the facility on 3/31/20. There were no restraints  
at the incident you described on that date. 4/17/20

Superintendent's Signature Dale DolantsDate 4-28-2020 (Attach additional sheet if necessary)Initials: DD(If so initial and give copy to Director of Inmate Services)Appealed to Commissioner ✓ (initial)

If no response at Superintendent's level is included, the inmate certifies that he/she has tendered this grievance as indicated above and no response has been issued at that level within the time frames set forth in Policy Directive 335.00.

Inmate's Signature Howard Justice Jr.Date 4/28/2020

Action by Commissioner:

 Accepted RejectedReason for:  
Affirm Supo

Rejected:

- Excessive Pages
- Use 335.0/325.0

Received Date: \_\_\_\_\_

Other, memo attached:

MAY 04 2020



Howard Lee Justice Jr.

CD-35100

Amicus Curiae

Date 4-9-20

On the Date of 3/31/20 I had a Seizure in A-5 I was moved  
to the Hospital unit. It was to be restrained to the Bed  
in accordance with Facility Directive. This was never done.  
I have another Seizure. If you want my Second Sheet  
of Doctors notes pictures and papers I have had Seizures  
that can life threatening.

Belief Straight

This cruel and unusual Punishment  
we does not happen to the injured. Mental Litigation or  
Private Law Suits requires we be addressed like  
it has the civilian rights of the restraining Patients.  
Dangers can be sought.

Betsy C. Jividen, Commissioner

4/28/20

My Name is Howard L. Justice I'm writing in regards to a incident that occurred on 3/31/2020 at Charleston area medical center, I have a medical condition I have seizures and I was admitted several times since I have been in the Division of Corrections, when I was at the Hospital on 3/31/2020 I had a seizure and I ended up on the floor with the Nurse yelling at the correctional officer who was on Hospital duty for not having me cuffed, and shackled to the Bed, he got suspended from Hospital duty. I filed a grievance, and their answer was the Hospital called the Jail and ask for the restraints to be removed, if that were the case Miss Jividen why did the Correctional - officer get suspended.

The Hospital feels that they are at fault for stating they called the jail in reason the Hospital is not at fault this is clearly fault of the jail for not following Policy Directives, Will you Please look into this issue.

Very Much Respected

# 20 SCRIT-CF A-5 04/10/20

# 20 SCRIT-CF A-6 04/10/20

Howard Justice

4/28/2020

C.C.

x Notary



OFFICIAL SEAL  
NOTARY PUBLIC  
STATE OF WEST VIRGINIA  
LEA ANNA BESS

1001 CENTRE WAY  
CHARLESTON, WV 25009  
My Commission Expires Jan. 22, 2026

Lea Anna Bess  
1-22-25